

LIBRARY

Rural District of Chailey

Annual Report

of the

Medical Officer of Health

for the

Year Ended 31st December, 1947

Rural District of Chailey

Annual Report

of the

Medical Officer of Health

for the

Year Ended 31st December, 1947

Public Health Department,
Lewes House,
LEWES, Sussex.
September, 1947.

INDEX.

	PAGE
Ambulance Facilities	14
Birth, Death and Population Table, including Summary	8, 9, 10, 11, 12, 13
Births, including Stillbirths and Birth Rate	8
Climate	28
Clinics and Treatment Centres	14
Deaths	7, 8, 9, 10, 11, 12, 13
Drainage and Sewerage	16
Factories and Workshops Act	19
Food Inspection	20
General Provision of Health Services in the Area	14
Hospitals	14
Housing	17, 18, 19
Infectious Diseases—Prevalence and Control Over .. .	22, 23, 24, 25
Laboratory Facilities	14
Milk and Dairies Order	19
Nursing in the Home	14
Public Cleansing	16
Rodent Control	20
Sanitary Inspection of the District	20
Statistics of the Area	8
Statistics based on Weekly and Quarterly Returns	13
Tuberculosis	26, 27
Water Supply	15

CHAILEY RURAL DISTRICT COUNCIL

PUBLIC HEALTH DEPARTMENT,
LEWES HOUSE,
LEWES.

September, 1948.

To the Chairman and Members of the Chailey Rural District Council.

Mr. Chairman, my Lord, Ladies and Gentlemen,

It is my pleasure to submit the Annual Report for the year 1947 on the health of the inhabitants and on the sanitary conditions of the Rural District of Chailey.

The Estimated Population of the district for the year was 18,860. In the main body of this Report, on page 8, it can be seen that the population has increased from 10,020 in 1918 to 18,860 in 1947; this is a gain of over 88 per cent. Also illustrated in Table B, on the same page, is a decline in population from 18,600 in 1940 to 16,630 in 1944, and then an increase from 1944 to 1947 population.

The Birth Rate for the year under review was 17.49 per 1,000 population, compared with 16.73 per 1,000 for 1946 and 15.35 per 1,000 population for 1945.

The Death Rate for 1947 (which was below the average death rate for the last ten years) was 13.04 per 1,000 population, compared with the figures of 13.03 and 16.97 per 1,000 population for the years 1946 and 1945 respectively.

The Chief Causes of Death in 1947 were heart disease, cancer and intra-cranial vascular lesions, in the same order as occurred in former years. The vast majority of the deaths were of people above seventy years of age. Heart disease and intra-cranial vascular lesions are mainly associated with the degenerative changes accompanying old age. It has been stated that cancer has been increasing in recent years; there is some truth in this in so far as the section of the population at risk has increased, because the number of older people are now more numerous, and cancer mostly attacks those above middle age. From another point of view, the increase in the number of cancer deaths is more apparent than real, as deaths due to cancer in the past were ascribed to some other disease. To-day, with improved methods of diagnosis and treatment, many cancer cases can be cured if seen by medical men early enough and prompt treatment undertaken.

The Maternal Mortality Rate during the year under review was nil, as no women died in, or in consequence of, childbirth.

The Infantile Mortality Rate (or the deaths of children under one year of age per 1,000 live births) for 1947 was 36.03, which compares favourably with the figure of 41.0 per 1,000 live births for England and Wales for the same period. Birth injuries, malformations and other defects in the newly-born, which quickly put an end to an infant's existence and which cannot be avoided or remedied, usually form the major proportion of deaths under one year of age.

Tuberculosis.—Ten cases of pulmonary and four cases of non-pulmonary tuberculosis were notified during the year. The pulmonary tuberculosis death rate was 0.37 per 1,000 population. Pulmonary tuberculosis is a contagious

disease, and should be treated as such. More beds are required in sanatoria for early cases. There is a shortage of beds for such cases, and there is a shortage of tuberculosis nurses. **Non-Pulmonary Tuberculosis Deaths** numbered four, which is equivalent to a death rate of 0.21 per 1,000 population. Although the number of deaths from this cause is seemingly small, the number could be reduced still further. The majority of cases of non-pulmonary tuberculosis is due to tuberculous-infected milk. The remedy lies in heat-treating milk and in a systematic elimination of tuberculous-infected cattle.

Infectious Diseases Death Rates are given in the Tables on page 18 of this Report. These Tables also give the death rates from diarrhoea and enteritis under two years of age, and rates of notified infectious diseases per 1,000 population. On perusal of these Tables, it can be observed that the rates for the Chailey District compare very favourably with those for the country as a whole.

Infantile Paralysis.—During the year, Chailey Rural District did not escape a visitation of infantile paralysis. This infection swept the country in 1947 in epidemic form, when the incidence of the disease was four-and-a-half times greater than it had ever been. The incidence rate per 1,000 population in your District was 0.26. In a few areas in this country the incidence was as high as 1.09 per 1,000 population. Five cases were diagnosed in the Chailey Rural area ; prompt hospital treatment followed immediately after diagnosis. Subsequent orthopaedic and follow-up treatments were arranged whilst the patients were in the infectious diseases hospital, so that each case received all available help towards recovery. In addition to the five cases diagnosed as suffering from the disease, three cases were sent to the hospital for observation, but clinical and laboratory tests did not confirm the disease in the latter cases. Other suspected cases were diagnosed as not suffering from the disease and, therefore, were not sent to hospital. For every frank case diagnosed there were probably as many as twenty who had very mild abortive attacks with no subsequent paralysis, and some of these attacks may have been considered (by members of the infected persons' families) to be nothing more serious than a common cold.

Since one attack of infantile paralysis usually confers immunity, there is a fair proportion of the population now "salted," or made immune from the disease, and thus protected. So far, no prophylactic, vaccine, or serum has been discovered to prevent the infection in the non-infected, or to check the course of the disease in affected cases. As yet, there is no good evidence that the infection is spread by water, milk, other foods, rodents, flies or railways. Research to obtain some means of protection is being carried out intensively in this country and elsewhere. There does not appear to be any other way by which the disease is spread except by infected cases, mostly mild and abortive. Having reached a peak in 1947, the disease will probably die down, and fewer and fewer persons will be affected. One feature of the epidemic in 1947 was the shift forward in the age of attack. The name infantile paralysis is a misnomer, since the disease is by no means confined to children.

Food Poisoning.—Five cases of food poisoning occurred almost simultaneously amongst persons consuming a common article of food, which was a liver-paste preparation. Immediate investigation of this outbreak, and prompt action in tracking down the implicated food, resulted in the prevention of the spread of food poisoning by the further consumption of the liver paste by other persons. All stocks of the liver paste were withheld from human consumption on the food poisoning being first suspected, and ultimately they were destroyed.

Other Infectious Diseases Notified.—There was one case of diphtheria ; this case was sent to hospital, where an uneventful recovery was made. There were five cases of scarlet fever, all of which were of the mild variety and were nursed at home. Small outbreaks of measles and whooping cough occurred without untoward results. One case of typhoid fever was notified ; it appeared that this case had contracted the infection abroad ; after hospital treatment the case made a good recovery. Three cases of erysipelas, one case of dysentery and one case of ophthalmia neonatorum completed the infectious diseases notified in 1947 ; all made good recoveries. There were no deaths from any of the infectious diseases notified.

Housing.—Throughout the year a constant stream of complaints concerning housing conditions poured into the Public Health Department. Although some families are living in old houses past redemption, it would be the sheerest folly to eject them if no alternative accommodation could be found. As in 1919, when demolition of unfit properties was discontinued, so, in the recent war, demolition was suspended, and this suspension is still in force. It still seems important to save nearly everything standing which can afford shelter, even though the houses are old and decrepit. Adequate re-construction of some properties would be almost impossible, since the fabric has deteriorated too far. Other properties could be re-conditioned and last for a limited number of years. New houses are, of course, of primary consideration at the present time. The Chailey Rural District has a very good record in the number of new houses erected, and has always been eager to erect many more than the number allocated by Central Authority. The numbers allowed to be built from time to time have been governed by the supplies of materials and labour available. A pleasant feature of houses built by the Council in the past has been that they have harmonised with the surroundings and enhanced the beauty of the countryside. As to families forced to live in over-crowded conditions and having to share the conveniences and amenities of one house, this existence in many cases has become well-nigh intolerable. The constant irritations through living in such circumstances have enforced a heavy nervous strain on some families.

Rural Housing Survey.—The year 1947 saw the completion of a very important Survey. This was a Survey of all houses up to £20 rateable value in the Rural District. The results of the Survey were tabulated in the form recommended in the Ministry of Health circular 64/44, and can be seen on page 17, in the main body of this Report. It is anticipated that many houses requiring repair and constructional alteration will deteriorate into the category unfit for human habitation and beyond repair at reasonable expense.

For purposes of the Survey, every house was visited and inspected. The conditions found were recorded on a single inspection sheet and the details entered in a new housing register prepared specially for this purpose. This register, or "Domesday Book," will serve as a record of each property inspected and form the basis of all action in future years as regards clearance of unfit houses or re-construction.

In all, 2,599 houses were inspected, recorded and placed in the appropriate categories. The Chief Sanitary Inspector and his staff deserve much credit for carrying out this comprehensive and valuable Survey. With changing conditions, such as by the further deterioration of houses, the classification of the houses will be kept up to date.

On perusal of Appendix II relating to the Survey in the main body of this Report, it is of interest to note that out of 2,599 houses 629 only have baths ; nearly all have sinks and washing accommodation, 501 have electric,

gas or oil stoves, and 625 have no ventilated food storage. Piped indoor water supplies are afforded to 1,923 houses ; 1,606 have cesspool drainage and 1,090 have outdoor w.c.s. Main water supply serves 1,780 houses.

Water Supplies in rural districts have been a matter of urgency for many a long year, and it is a great credit that there are so many houses with a main water supply in your District. Without an abundant and pure water supply living conditions cannot be considered satisfactory. The extension of water mains in the Rural District continues to follow the programme adopted by your Council on consideration of a Water Supplies Survey Report accepted in 1944. It has to be noted that the village of West Firle is in urgent need of a public supply of water.

Sewage Disposal.—With regard to this problem in rural districts, this is not always easy to solve. It is quite as important as in urban districts, and often more difficult. Engineering difficulties are often encountered in laying the longer lengths of main sewers necessary in rural districts. In schemes where the structures are small and simple, constant supervision is required to prevent the processes being neglected ; other difficulties also arise, because the inherent dangers are sometimes not understood or appreciated. Collective sanitation is also less easy of administration in areas of scattered dwellings than in urban communities. Quite apart from the difficulties encountered relating to housing and water supplies, schemes of sewerage and sewage disposal are steadily increasing in rural districts.

In the past, very often, the possibility of a parish growing has not been borne in mind when arranging the sewage disposal scheme. It is advisable to make provisional arrangements for the extension of a sewage scheme when planning a housing site.

There is a great need for proper sewage schemes at Peacehaven, Kingston, Rodmell, Iford and Plumpton. During the year it was emphasised more than ever that re-construction of the sewage disposal works at Ringmer was urgently necessary, especially in view of the proposed addition of 80 new houses in the parish. The inadequacy of the sewage disposal works at Ditchling became more evident, and the re-construction of these works was again considered by the Council. Schemes of sewage disposal for Cooksbridge and Offham were approved by the Council, and now await formal approval by the Ministry of Health.

Two of the first essentials for any community are a good and ample water supply and an efficient sewage system. They help to form the basis of good Public Health administration.

Milk Production.—It is very pleasing to report that there has been a noticeable improvement in the standard of milk production throughout the District, and this has been especially marked in areas where water mains have been extended and made available to farms.

Food Premises have been paid a great deal of attention during the year, and higher standards of food hygiene have been insisted upon, with very good results in many cases. With regard to general foodstuffs, the amount condemned as being unfit for human consumption was larger than that condemned in 1946. An appreciable amount of food could have been saved with more efficient storage, better handling and improved transport facilities. There appears to be need for more store organisation and stricter supervision on the part of wholesalers.

Ice-Cream (Heat Treatment) Regulations, 1947.—On the 1st May, 1947, these new regulations came into force. In the past, several outbreaks of intestinal disease, such as typhoid fever, occurred in the country through eating

infected ice-cream. The object of the new regulations is to protect the consumers of ice-cream from infection. The standards now laid down for ice-cream have already advanced the purity of this commodity. It is only by taking many samples of ice-cream at regular intervals and submitting them for bacteriological tests, and by the close and constant supervision of ice-cream processing plants, that the standard of safety will be raised still further.

To sum up and give the main points :—

- (1) **The Birth Rate** for the Rural District in 1947, although high, was about the average for the last five years.
- (2) **The Death Rate** was below the average for the last ten years, whilst the death rate for notifiable infectious diseases was nil. No women died in—or in consequence of—childbirth, and the number of children who died under one year of age was not excessive.
- (3) **The Infectious Disease Incidence Rate** was low, even including the cases of poliomyelitis.
- (4) **Extensions of Water Mains** and re-construction of existing **Sewage Disposal** works and new sewage disposal works are needed.
- (5) A comprehensive **Housing Survey** completed during the year will prove of great value.
- (6) Prompt measures taken prevented the spread of a **Food Poisoning** outbreak, not only in your District but in other areas.
- (7) As in former years, more **New Houses** were urgently required. During the year the Health and Housing Committee devoted many long hours on housing matters. The Chairman and members, who are all constantly and most keenly interested in furthering the provision of new houses, attended numerous conferences with the Central Authority to speed the erection of new dwellings, and gave much of their valuable time and thought to that end. Nothing was left undone, and, as far as the Chailey Council is concerned, the record of housing provision is high, despite the numerous difficulties encountered by way of restriction of materials and labour and delays by other bodies.

Taken altogether, the health of the inhabitants of your Rural District in 1947 was good. The rationed foods could have been increased with advantage, especially the fats, and there is need for more variation in diet. A good deal of strain has been placed on the average man and woman. Short commons, queues, daily frustrations, minor deprivations, major wants, whether they be of housing or other fundamental needs, apart from the continued tension of modern life, combine to produce the strain to which most of us are subjected. In the long run, the present-day conditions, if continued for long, cannot but have the effect of lowering the standard of Public Health. Public Health should aim at the improvement of the mental, as well as the physical, well-being of the general population, besides the prevention of disease.

In conclusion, I wish to thank you for your encouragement and support during the year. I am grateful for the courtesy and help I received from other officials of the Council. My thanks are also due to Mr. Kent, the Chief Sanitary Inspector, and other members of the Staff of the Public Health Department for their willing and loyal co-operation.

Yours obediently,

G. M. D. S. B. LOBBAN,
M.B., Ch.B., D.P.H.,
Fellow R.S.I.,
Fellow R.I.P.H.,
Fellow S.M.O.H., &c.

Medical Officer of Health.

SECTION I.

STATISTICS OF THE AREA, 1947.

Area (in acres)	66,038
Population (estimated)	18,860
Rateable Value (estimated)	£157,066
Sum represented by Penny Rate (estimated)	£600

EXTRACTS FROM VITAL STATISTICS.

Live Births.	Male.	Female.	Total.	Rate per
				1,000
Legitimate	167	134	301	
Illegitimate	14	15	29	
			330	17.49
Deaths	124	122	246	13.04
Maternal Mortality			0	0
Infantile Mortality	10	2	12	36.03

POPULATION.

The estimated population for mid-year 1947 was 18,860. This is the highest estimated population for the District. The estimated population indicates the mean population, i.e., the number of inhabitants estimated to have existed at the middle of the year, July 1st. Estimated populations are given by the Registrar-General for all years, except those in which census enumerations are taken. In arriving at the figure for an estimated population, two principal methods commonly used are the arithmetical and the geometrical methods. In each the populations at the last two census enumerations form the known quantities from which the estimated population figures are derived.

The only sources of definite information as to population is in official census enumerations.

Vital statistics, such as birth rates and death rates, are expressed as the numbers occurring during the calendar year per 1,000 population.

There is some reason to think that the estimated population for the year 1947 was a low one. The effect of a low estimated population is that the figures based on it, such as the birth rate, the death rate, &c., are above the figures which would have been obtained if a census figure for 1947 could have been obtained and used in the calculations. Nevertheless, the figure for the estimated population must be used, although it does seem that it is a very conservative estimate.

Populations are constantly changing. Individuals are being continually added by immigration, and a continuous diminution takes place through emigration. All populations are also increased by births, and suffer losses through deaths. The rate of change resulting from births and deaths, however, does not alter a population to the same extent as is effected by immigration and emigration, which may be extremely irregular. The increase of population by an excess of births over deaths is known as the natural increase. Usually, this is comparatively constant, or alters gradually.

The annual populations, number of births, number of deaths, birth rates and death rates for two ten-year periods 1918 to 1927 and 1938 to 1947 are given below in the following tables:—

Table A—1918 to 1927.

Year	Population	Births	Birth Rate	Deaths	Death Rate
1918	10,020	143	14.27	164	16.36
1919	10,530	149	14.15	153	14.52
1920	10,950	293	26.75	120	10.95
1921	12,590	230	18.26	100	7.94
1922	12,650	202	15.96	140	11.06
1923	12,670	200	15.78	125	9.86
1924	12,780	170	13.30	116	9.07
1925	12,740	179	14.05	134	10.51
1926	12,700	181	14.25	125	9.84
1927	12,800	161	12.57	165	12.89

Table B.—1938 to 1947.

Year	Population	Births	Birth Rate	Deaths	Death Rate
1938	17,400	216	12.41	213	12.24
1939	17,610	214	12.25	330	18.73
1940	18,600	243	13.06	250	13.44
1941	18,310	231	12.61	233	12.72
1942	17,410	296	17.00	257	14.76
1943	16,830	306	18.18	231	13.72
1944	16,630	309	18.58	220	13.22
1945	17,320	266	15.35	294	16.97
1946	18,410	308	16.73	240	13.03
1947	18,860	330	17.49	246	13.04

It can be seen from the above Tables that the population increased from 10,020 in 1918 to 18,860 in 1947, a gain of 8,840, or over 88 per cent.

The determining factors governing the growth and decline of the population of a district are :—

- (1) The difference between the number of births and deaths.
- (2) The difference between the number of immigrants and emigrants.
- (3) Changes in boundaries of a district when there is an addition of population gained thereby.

Examining the first factor, on reference to Table A it can be computed that the total number of births, 1,908, exceeds the total number of deaths, 1,342, by 566 for the whole ten-year period 1918 to 1927. Also the total number of births, 2,719, exceeds the total number of deaths, 2,514, by 205 in the 1938 to 1947 period, Table B.

As to the second factor, the difference between the number of people who came to reside in the District, the immigrants, and the number of people who left it, i.e., the emigrants, it is clear that the increase of population from 10,020 in 1918 to 12,800 in 1927, which is 2,780, cannot be accounted for by the excess of births over deaths in that period, as the natural increase is 566. The excess in the number of immigrants over the number of emigrants in this first ten-year period is in the region of 2,214. In the second ten-year period, 1938 to 1947, Table B, the increase in population was 1,460, whilst the excess of births over deaths was 205. Therefore, the excess of immigrants over emigrants was in the region of 1,255 for this period.

Changes in boundaries of a district were not affected in the two periods given, but in 1934 there was an adjustment whereby a population in the region of 3,667 was gained. The gain of 8,840 in the population from 1918 to 1947 was thus partly affected by this gain obtained by the adjustment of boundaries in 1934.

The natural increase, i.e., the excess of births over deaths in the first ten-year period, was a little over one-fifth of the total increase in population. The natural increase in the second ten-year period was just over one-seventh of the total gain in population from 1938 to 1947. This is accounted for by there being more young people in the population in the first decade than in the second. It is an axiom that the younger the population the less the death rate. It can be seen that the average death rate (11.3) for 1918 to 1927 was less than that (14.18) for 1938 to 1947. Numbers of young people have been leaving the District and drifting to the towns, and more so in the second period.

As to the excess of immigrants over emigrants, this was larger in the first decade than in the second. The war years denuded the population of some residents. If restrictions in building had been relaxed, there would, most likely, have been a greater influx of new residents into the District in the recent post-war years than there has been. To summarise :—

1. The population of the District has almost doubled from 1918 to 1947.
2. The increase in the population has been mainly attained through an excess of immigrants over emigrants, although there was a considerable addition to the population by means of the adjustment of boundaries in 1934.
3. There is ample room for a larger population than the present one within the boundaries of Chailey Rural District.

BIRTH RATE.

The birth rate for the year 1947 was 17.49 per 1,000 population, as compared with 16.73 and 15.35 per 1,000 population for the years 1946 and 1945 respectively. The birth rate for 1947 was about the average for the years 1943 to 1947. In 1920 the birth rate was 26.75 per 1,000 population.

DEATH RATE.

This was 13.04 per 1,000 population for the year under review, as compared with 13.03 and 16.97 per 1,000 population for the years 1946 and 1945 respectively. The death rate for 1947 was below the average for the last ten years. In 1923 the death rate was as low as 9.07 per 1,000 population, and in 1939 was 18.73 per 1,000 population.

CAUSES OF DEATH.

During the year there was a total of 246 deaths, i.e., 124 males and 122 females. The following Table shows the causes of deaths:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Heart Disease	42	42	84
Cancer	22	25	47
Intra-cranial Vascular Lesions	10	17	27
Pneumonia	4	7	11
Other Digestive Diseases	4	3	7
Tuberculosis of Respiratory System	4	3	7
Congenital Malformation, Birth Injuries, Infantile Diseases	7	—	7
Bronchitis	3	3	6
Other Violent Causes	2	3	5
Nephritis	2	3	5
Other Forms of Tuberculosis	1	2	3
Other Diseases of the Circulatory System	1	2	3
Premature Birth	3	—	3
Other Respiratory Diseases	3	—	3
Influenza	1	1	2
Ulcer of the Stomach or Duodenum	2	—	2
Diabetes	—	1	1
Syphilitic Diseases	—	1	1
Diarrhoea under two years of age	1	—	1
Road Traffic Accidents	1	—	1
All Other Causes	11	9	20
	124	122	246

As in former years, the chief cause of death in 1947 was heart disease, with 84 deaths. This is followed by 47 deaths from cancer: these two diseases usually head the list, year after year. Intra-cranial vascular lesions, mostly "strokes," claimed 27 victims. Deaths from pneumonia numbered 11; from other digestive diseases, pulmonary tuberculosis, congenital malformation, birth injuries and infantile diseases, 7 each; from bronchitis, 6; from other

violent causes and from nephritis, 5 each. There were three deaths from each of the following causes—other forms of tuberculosis, other diseases of the circulatory system, premature birth and other respiratory diseases. Two deaths from each of the following causes—influenza, ulcer of the stomach or duodenum, and one death each from diabetes, syphilis, diarrhoea under two years of age, and road-traffic accident. From all other causes, not specifically classified, there were 20 deaths.

The vast majority of deaths occurred in elderly people ; most lived well beyond the three score years and ten.

Death rates show the extent of loss by death caused by diseases ; in this connection, they have performed an important service in creating interest in public health and in securing support for public health measures. Death rates, however, give a very imperfect view of the prevalence of disease. There is no absolutely fixed ratio between sickness and mortality. For instance, the fatality of a given infectious disease varies greatly in different outbreaks under varying conditions. Statistics of the living are required more, although death rates are useful and necessary figures. Statistics of the living exist in the shape of the incidence of the various notifiable infectious diseases, of tuberculosis, &c., but practically none for the incidence of heart disease, cancer, rheumatism, gastric ulcer, kidney diseases, and nervous diseases, each of which may cause great disablement at some time or another, and loss of health and efficiency.

SPECIFIC CAUSES OF DEATH.

1. **Heart Disease.**—Heart disease is composed of a large number of highly diverse conditions and diseases. From 2 to 2.5 per cent. of applicants for life insurance are rejected on account of heart disease. Besides shortening life, heart disease is responsible for much disability and invalidism. Not all heart lesions are fatal. As to the prevalence of heart disease, there is little difference according to occupation, and comprehensive knowledge concerning its prevalence and different causes is lacking. This points to a good deal of further research being required, especially in view of the leading place which heart disease occupies, year after year, as a cause of death and as a cause of a great deal of disability.

2. **Cancer.**—Cancer is a general term covering all malignant tissues of different kinds of cancerous affection. There may be some connection between modern conditions of living and the apparent increase of cancer, but the actual cause of cancer has not so far been discovered. It seems clear, however, that chronic irritation may induce cancer in susceptible persons. Thus, we have cancer in shale oil workers, bad cancer in chimney sweeps and in X-ray workers. Many cases of cancer can be cured if treated early enough. The popular conception that cancer is always a hopeless and incurable disease is not correct. At first, cancer appears to be local, and, if detected in time and removed, there is a high possibility of cure.

3. **Intra-Cranial Vascular Lesions.**—These vascular lesions are usually cerebral haemorrhages. In some families, there is a tendency to degeneration of the blood vessels. These degenerated vessels are then more liable to burst ; the haemorrhage so produced from the cerebral blood vessels thus causes intra-cranial vascular lesions. Predisposing factors are nephritis, alcoholism, chronic muscular strains, and high blood pressure, the latter due to a variety of causes, such as the hypertension of present-day life.

Birth Rates, Civilian Death Rates, Analysis of Mortality, Maternal Mortality and Case Rates for certain Infectious Diseases in the year 1947.

Provisional Figures based on Weekly and Quarterly Returns.

	<i>England and Wales.</i>	<i>126 C.B.'s and Great Towns including London.</i>	<i>148 Smaller Towns : Resident Pop. 25,000 to 50,000 at 1931 Census.</i>	<i>London Administrative County.</i>	<i>Chailey.</i>
Rates per 1,000 Civilian Population.					
Live Births	†20.5	23.3	22.2	22.7	17.49
Still Births	†0.50	0.62	0.54	0.49	0.47
Deaths.					
All causes	†12.0	13.0	11.9	12.8	13.04
Typhoid and Para-typhoid	0.00	0.00	0.00	0.00	0.00
Scarlet Fever	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.02	0.03	0.02	0.02	0.00
Diphtheria	0.01	0.01	0.01	0.01	0.00
Influenza	0.09	0.09	0.08	0.08	0.11
Smallpox	0.00	0.00	0.00	—	0.00
Measles	0.01	0.02	0.02	0.01	0.00
Rates per 1,000 Live Births :—					
Deaths under 1 year of age	‡41	47	36	37	36
Deaths from Diarrhoea and Enteritis under 2 years of age	5.8	8.0	3.7	4.8	3.03
Rates per 1,000 Civilian Population.					
Notifications.					
Typhoid Fever	0.01	0.01	0.00	0.01	0.05
Paratyphoid Fever	0.01	0.01	0.01	0.01	0.00
Cerebro-Spinal Fever	0.05	0.06	0.05	0.05	0.00
Scarlet Fever	1.37	1.54	1.37	1.31	0.37
Whooping Cough	2.22	2.41	2.02	2.80	2.65
Diphtheria	0.13	0.15	0.14	0.14	0.05
Erysipelas	0.19	0.21	0.18	0.22	0.15
Smallpox	0.00	0.00	0.01	0.00	0.00
Measles	9.41	9.13	9.58	5.29	7.05
Pneumonia	0.79	0.89	0.68	0.64	0.00
Rates per 1,000 Total Births (Live and Still).					
(a) Notifications.					
Puerperal Fever	}	7.16	8.99	6.27	1.21 *6.94
Puerperal Pyrexia					
(b) Maternal Mortality in England and Wales :—					
No. 140 <i>Abortion with Sepsis.</i> 0.10	No. 141 <i>Abortion without Sepsis.</i> 0.06	No. 147 <i>Puerperal Infections.</i> 0.16	Nos. 142-6 148-150 <i>Other.</i> 0.85	Chailey	Nil
Abortion :—					
Mortality per million women aged 15-45 in England and Wales.					
<i>No. 140—With Sepsis.</i>		<i>No. 141—Without Sepsis.</i>		<i>Chailey.</i>	
9		5		Nil	

‡ Per 1,000 related births. † Rates per 1,000 Total Population. * Including Puerperal Fever.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

LABORATORY FACILITIES.

- (1) Clinical Research Association, South Road, Haywards Heath—For swabs, sputa, examinations, etc.
- (2) R. F. Wright, Esq., Public Analyst, Wraysbury, Offham Road, Lewes—For milk and water samples.

AMBULANCE FACILITIES.

- (a) For Infectious Diseases.—An Ambulance from the Brighton Infectious Diseases Hospital conveys patients to the Sanatorium.
- (b) For Non-Infectious Diseases.—The St. John Ambulance Brigade provides two motor ambulances and one sitting-case car for the removal of accident cases and cases of illness requiring hospital treatment.
- (c) For Tuberculous Cases.—Facilities for transport of patients by motor ambulance are provided by the East Sussex County Council.

NURSING IN THE HOME.

Home Nursing is carried out by the East Sussex County Nursing Federation through the District Nursing Federations.

CLINICS AND TREATMENT CENTRES.

- (1) Light Clinic, Castlegate House, Lewes—(E.S.C.C.)
- (2) Orthopædic Clinic, Castlegate House, Lewes—(E.S.C.C.)
- (3) Tuberculosis Clinic, Castlegate House, Lewes—(E.S.C.C.)

HOSPITALS.

- (1) Fever.—Brighton Sanatorium, Bear Road, Brighton—(Brighton C.B.C.)
- (2) Smallpox.—Sedgebrook Hospital, Plumpton—(District Committee)
- (3) Tuberculosis.—Darvell Hall Sanatorium, Robertsbridge—(E.S.C.C.)
- (4) Non-Infectious Illness.—Royal Sussex County Hospital, Brighton—(Voluntary)

Etc.

POOR LAW MEDICAL AID RELIEF.

The arrangements for the provision of medical assistance for those in poor circumstances are made by the East Sussex County Council.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

Arrangements for the care and institutional treatment of mental defectives are made by the East Sussex County Council.

SECTION III.

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION
OF THE AREA.

1. WATER SUPPLY.

The Statutory Water Authorities supplying the several areas within the Rural District continued as before, viz. :—

Chailey Rural District Council
Brighton County Borough Council
Lewes Borough Council
Newhaven and Seaford Water Co.
Burgess Hill Water Co.
Mid-Sussex Joint Water Board

Each Authority continues to take regular samples of its water supply. In no instance during the year has the quality of the water supplied by any of these Undertakings been in question.

Below is the Analyst's Report on a sample taken from the Council's Waterworks by the Water Engineer. It is typical of the quality of the water supplied :—

"A sample taken from the Pumping Main, Offham Waterworks, on the 2nd September, 1947, showed the following characteristics :—

Colour — Practically none.
Smell — None
Sediment — A trace of organic debris.

Chemical Analysis.		Grains per Gallon	Parts per Million
Total Solids (dried at 100°C.)	.. ..	23.0	
Solids (after ignition)	.. ..	18.0	
Chlorine	.. ..	1.5	
Ammonia (free)	.. ..	—	.. .042
Ammonia (albuminoid)	.. ..	—	.. .060
Oxygen taken from permanganate in $\frac{1}{4}$ -hour		Nil	
Oxygen taken from permanganate in 4 hours		Nil	
Nitrogen as Nitrates and Nitrites	.. ..	.17	
Nitrates	.. ..	Nil	
Hardness (total)	.. ..	14.6	
Hardness (after boiling)	.. ..	4.2	
Phosphates	.. ..	Nil	
Metallic Impurity (Iron)	.. ..	.01	
PH..	.. .. ..	7.4	

Bacteriological Examination.

The organisms per ml. which grew on Nutrient Agar in three days at 22°C. under aerobic conditions, and were then visible to the naked eye as colonies, numbered 1

On Agar at blood temperature and under aerobic conditions, colonies noticed after two days' incubation, were 0

Probable number of Coli-Aerogenes organisms in 100ml. of the original water 0

Report.

Both chemically and bacteriologically this water is satisfactory, and I am of the opinion that it is perfectly safe for drinking purposes.

R. F. WRIGHT,

10th September, 1947.

Public Analyst."

None of the samples taken from public supplies was found to be plumbosolvent. Twenty samples of drinking water from private supplies were taken during the year. In eight cases the owners were informed that the supplies were unfit for drinking purposes, and were requested to connect to the main supply.

In two instances it was necessary to arrange for adjoining owners to combine to provide service pipes from the main to serve their respective properties. Owing to the scarcity of materials, the delay in getting the work carried out is considerable, and is too often used as an excuse to avoid the execution of work.

The extension of water mains continues to follow the programme recommended to this Council by the Survey Report on Water Supplies accepted in 1944, based on the urgency of need for human consumption. The extensions carried out during the year comprised 4,333 yards of 4in. main.

The water supply to the village of West Firle has been under review during the year. The village is urgently in need of a public supply of water.

2. DRAINAGE AND SEWERAGE.

Other than the provision of sewers for new housing sites, there has been no extension of sewers during the year.

The building of 80 new houses at Ringmer has shown that the sewers and disposal works are inadequate for the added volume in their present state, and that it will be necessary to re-construct the existing works ; this is a matter of great urgency, and is to be put in hand at once.

The inadequacy of the Disposal Works at Ditchling has again been considered by the Council. It is expected that the work of reconstruction of these works and extension of the sewer will be commenced in 1948.

Schemes to sewer Cooksbridge and Offham have been approved by the Council, and now await formal approval of the Ministry of Health.

The need for sewerage at Peacehaven, Kingston, Rodmell, Iford and Plumpton is great.

3. PUBLIC CLEANSING.

House refuse is collected once fortnightly throughout the Rural District. Two 10-cubic-yard motor vehicles are employed for this purpose. The refuse collected is disposed of at the Lewes Borough Tip by arrangement.

The Cesspool Emptying Service was augmented during the year by an additional machine, making a total of three machines employed on this service. It is now possible to undertake to service installations at regular intervals by arrangement with owners. Regular servicing of Sewage Disposal systems is of the first importance, and it is only by the extension of such service that pollution of streams and ditches can be avoided.

During the financial year ending on the 31st March, 1948, 2,111 cesspools or septic tanks were cleansed at a total of £3,024 The amount collected in payment for the service was £2,241 The deficit of £783 represents the equivalent of 1 1/3rd penny rate.

4. HOUSING SURVEY.

The Housing Survey for the Rural District was completed during the year, and a Report was presented to the Council in December. The figures are given in Appendix I and Appendix II of this section of the Report.

In Category 3 of Appendix I the figures have been sub-divided into (a) and (b); (a) representing those houses which are clearly within Category 3, and (b) representing those houses at present within Category 3 but are potentially Category 5, and may, at a later date, be transferred to that Category if structural conditions continue to deteriorate.

From the figures given in the Appendices will be seen the extent of the task of bringing up the standard of living conditions to a satisfactory level. With housing conditions as they are, it is practically an impossibility to embark on a scheme of any size for either demolition or reconstruction. When the time for action in this direction arrives, this Survey Report will form the basis of all programmes for some years to come.

APPENDIX I.

<i>Category</i>	<i>Condition of Dwelling</i>	<i>Tied Cottages</i>	<i>Service Cottages</i>	<i>Others</i>	<i>Total</i>	<i>Percentage</i>
1	Satisfactory in all respects .. .	35	25	409	469	18%
2	Minor Defects .. .	126	31	334	491	19%
3	Requiring repair, structural alteration or improvement .. .	(a) 304 (b) 123	(a) 56 (b) 19	(a) 625 (b) 169	1,296	50%
4	Appropriate for re-conditioning under the Housing (Rural Workers) Acts .. .	427	75	794	427	—
5	Unfit for habitation and beyond repair at reasonable expense .. .	103	6	234	343	13%
	Totals .. .	691	137	1,771	2,599	

APPENDIX II.

	No. Inspected	Sink	Washing Accommodation	Baths	Ranges	Electric (Cooking Facilities)	Gas Stoves	Oil Stoves	Ventilated (Food Storage)	Unventilated Cupboards
Tied Cottages	691	667	665	80	570	99	11	11	499	192
Service Cottages	137	127	129	39	116	15	5	1	111	26
Ordinary Cottages	1,771	1,726	1,700	510	1,412	199	126	34	1,364	407
Totals ..	2,599	2,520	2,494	629	2,098	313	142	46	1,974	625

	WATER SUPPLY.					DRAINAGE.				
	No. Inspected	Main	Well	Other Sources	Piped Indoors	Sewer	Septic-Tank System	Cesspool	Direct to Ditch	None
Tied Cottages	691	423	255	13	477	38	4	480	135	34
Service Cottages	137	94	41	2	103	10	1	114	10	2
Ordinary Cottages	1,771	1,263	487	21	1,343	601	2	1,012	121	35
Totals ..	2,599	1,780	783	36	1,923	649	7	1,606	266	71

Closet Accommodation.

	W.C. Indoors	P.C. Indoors	W.C. Outdoors	P.C. Outdoors	Privy Midden	Automatic Flushing	Chemical Closets
Tied Cottages ..	56	1	181	399	32	85	22
Service Cottages ..	33	—	34	66	4	37	—
Ordinary Cottages	318	1	875	519	26	443	32
Totals ..	407	2	1,090	984	62	565	54

5. HOUSING REPAIRS.

During the year, notices to carry out repairs were served in respect of 42 houses, all of which were complied with. In three instances only was it necessary to serve Statutory Notices, and in one instance the Council carried out the works of repair in default. No demolition orders were made during the year.

6. REQUISITIONING.

The Sub-Committee dealing with the requisitioning met on fourteen occasions during the year, and considered reports upon 35 separate properties with a view to requisition ; in each case the owner was invited to attend before the Committee to show reason why the property should not be requisitioned. Of these, the Committee confirmed Requisition Notices in respect of seven properties, which, after repair and conversion, were available to house 10 families. A transferred requisition of an N.F.S. station served to provide accommodation for another homeless family.

The Rushey Hill hatted camp at Peacehaven continues to house 30 families.

7. MILK AND DAIRIES ORDER.

There has been a noticeable improvement in the standard milk production throughout the District, and, in particular, those areas where water mains have been extended and made available to farm premises. Farms in the Ringmer Area have derived great benefit by the Council's vigorous policy of water-main extension.

Structural improvements have been carried out on a number of farms, as a result of informal requests, and a number of new cowstalls and dairies are in course of being re-built.

Close working with the East Sussex County Council and the War Agricultural Committee continued during the year.

8. FOOD AND DRUGS ACT.

More attention was paid this year to food premises, and although no notices have been served, occupiers of such premises—kitchens in particular—have been told that a higher standard of food hygiene will be expected. In many cases, an immediate response has resulted. It has been of great value to the Public Health Department to have referred from the Food Office all applications for licence to open a catering establishment. In one instance an adverse Report resulted in the refusal of the application.

9. VERMINOUS PREMISES.

Few complaints were received of premises infested by vermin. These were all disinfested by the Council's employees.

10. FACTORIES ACT, 1937.

Sixteen visits were made under the Factories Act during the year. There are 36 Factories with mechanical power, and 44 without mechanical power, on the Register. No action was taken under section 1, 2, 3, 4, 6 and 7 of the Act.

11. SUMMARY OF VISITS.

House Inspections under the Housing Regulations	214
Housing Surveys completed	588
Other Inspections of Houses not included above	461
Visits in connection with Nuisances	353
,, to Slaughter Houses, Butchers' Shops and Food Premises	156
,, to Cowstalls and Dairies	71
,, re Drainage	483
Drains Tested	156
Samples taken for Analysis :—Milk	9
Water	22
Ice-Cream	6
Visits in connection with Infectious Diseases	46
Rooms Fumigated	17
Visits to Sewage Outfall Works and Sewers	136
,, Refuse Tips	6
,, under Petroleum Act	15
,, in connection with Salvage	10
,, under Factories and Workshops Acts	16
,, re Building Licences and Certificates of Essentiality	31
,, Miscellaneous	308
,, re Government Evacuation Scheme, Residual Services and Requisitioned Premises	642
,, re Water Supply	56
,, re Tents, Vans and Sheds	4
,, re Housing Surveys	21

12. RODENT CONTROL.

Visits for purpose of Survey	281
,, Treatment	444
Number " " New Infestations found since	73
,, Infestations cleared	105
,, " " in course of treatment	50
Estimated number of Rats killed	1,391
,, " " Mice	248

13. FOOD INSPECTION.

The following articles of food were examined, and found to be unfit for human consumption :—

Milk	31 Tins	Miscellaneous Tinned and Bottled Foods	57 Tins
Tinned Meat	7 Tins	Beef Sausages	6lbs.
Imported Beef	430½lb.	Meat Pies	12
Wet Fish	15st.	1 Bovine Liver	9lbs.
Shell Fish	12st.	1 Bovine Spleen and Tongue	6lbs.
Fresh Fruit	60lb.	2 Pigs' Heads and 1 Pluck	—
Bacon	10½lb.		
Corned Beef	91½lb.		

14. LICENCES ISSUED.

To Store Petrol	45
To Slaughter Animals	3
For Moveable Dwellings (Licence for land only)	1
For Cowkeepers—Wholesale	5
—Retail	—
To Bottle T.T. Milk	1
Dealer's (Retailing) Licence to use designation "Tuberculin Tested"	1

15. NOTICES.

Notices issued	46
Notices complied with	43
Statutory Notices issued	6
Statutory Notices complied with	6

16. SALVAGE SALES.

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>	<i>£</i>	<i>s.</i>	<i>d.</i>
Mixed Waste Paper ..	57	15	1	—	..	368	11 11
Textiles	3	18	2	14	..	92	2 2
Mixed Metals		3	1	12	..	4	16 4
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	61	17	0	26	..	£465	10 5

SECTION IV.

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR 1947.

<i>Disease</i>	<i>Total Cases Notified</i>	<i>Cases admitted to Hospital</i>	<i>Deaths</i>
Diphtheria	1	1	—
Dysentery	1	—	—
Erysipelas	3	—	—
Food Poisoning	5	—	—
Measles	133	—	—
Oph. Neonatorum	1	1	—
Poliomyelitis	5	5	—
Scarlet Fever	7	—	—
Typhoid Fever	1	1	—
Whooping Cough	50	Nursing Home	—

1. **Diphtheria.**—Only one case of diphtheria was notified in 1947. This occurred in a female aged 9. This case was admitted to hospital.

The comparative rarity of diphtheria in the Chailey Rural District has been due to immunisation.

The position as regards the number of children immunised in the district could be improved, however. Some children have not, so far, been immunised, and these are not protected against the disease. Parents and guardians are advised to ask their family doctors for immunisation of the children under their care, or to fill up consent forms which are issued, or to contact the Chailey Public Health Department, Lewes House, Lewes, so that the children are immunised without delay.

2. **Scarlet Fever.**—Seven cases of scarlet fever were notified in 1947; none was sent to hospital for treatment.

Cases of scarlet fever can be nursed at home; but where there are unsatisfactory home conditions, or inability to nurse at home or at a private school, the patient is sent to hospital.

During the last twenty years the average type of scarlet fever in this country has become progressively milder. The toxic type of the disease where with moderate throat affection there are severe general symptoms, progressing to a fatal termination, is hardly ever met with nowadays. Another type, fortunately rarely occurring now, is the septic type, where the throat symptoms are very severe from the first. Formerly, the greatest proportion of deaths due to scarlet fever was composed of the septic type.

Other types of scarlet fever infrequently occur. These are surgical scarlatina, which is usually of a mild nature, and which is associated with certain injuries, particularly burns; puerperal scarlet fever, which hardly ever occurs now, owing to the extensive use of the sulphonamide drugs administered to women in the puerperium.

The majority of persons exposed to scarlet fever infection can be protected by a daily dose of a sulphonamide drug; but this must be given under medical supervision. This does not obviate the necessity for appropriate precautions, such as isolation of the patient, exclusion of contacts from school, and exclusion of infected persons from handling milk and milk products.

The reasons why scarlet fever has become a much milder disease nowadays are not clearly understood. The present mildness of the disease is probably only temporary, as mild scarlet fever has prevailed in former years, to be succeeded by recurrence of severe infections.

In 1947 there were no deaths from this disease in the District.

3. **Anterior Poliomyelitis.**—There were five cases of anterior poliomyelitis notified during the year. This disease, commonly known as infantile paralysis, attacks adults as well as children. It is not, therefore, peculiar to children.

Throughout the country, in 1947, were widespread outbreaks of this disease. In fact, the number of cases notified was the highest ever recorded in the history of Public Health. Some areas in the country experienced an attack as high as 1.09 per 1,000 population. The attack rate in Chailey Rural District was 0.26 per 1,000 population. Compared with some districts in the country the attack rate in Chailey was moderate for the 1947 epidemic, but it is the highest attack rate ever recorded for this disease in your Rural District.

Of the five cases notified, one, on August 2nd, was that of a married woman aged 36 years. She was admitted to the Infectious Disease Hospital, Bear Road, Brighton, on August 2nd. With the subsidence of the pre-paralytic stage of the disease, it was found that there was paralysis of both lower limbs and of some abdominal and trunk muscles. She was transferred to St. Vincent's Orthopaedic Hospital, Northwood, Middlesex, on September 12th, when she made good progress, and at the end of 1947 was getting fit for discharge from hospital.

The second case occurred in a girl of seventeen years. She was notified on August 8th, and admitted to Bear Road Infectious Disease Hospital on the same day. Paralysis developed, and the main muscles affected were those of her neck, abdomen and lower trunk. She was transferred to St. Vincent's Orthopaedic Hospital on September 12th. Progress towards recovery was slow, and at the end of 1947 a considerable period of treatment was still required before she could be discharged.

The third case was that of a boy aged seven years. On the day of notification he was removed to Bear Road Hospital, where paralysis of the right arm supervened. After treatment by physiotherapy in Bear Road Hospital, he made a good recovery, and was discharged home on 17th September.

The fourth case occurred in a small girl aged three years. This case was notified on November 8th and removed to Bear Road Hospital on the same day. This child developed paralysis of both legs and of back muscles, and arrangements were being made at the end of the year for her transfer to an Orthopaedic Institution for treatment.

The fifth and last case was that of a married woman aged 38 years. She was notified on November 12th and removed to Bear Road Hospital on the same date. She developed paralysis of both arms and of the right leg. She was transferred to Brighton Municipal Hospital for treatment on December 8th, and was making slow progress towards recovery at the end of the year.

All the five cases occurred in widely different parts of the Chailey Rural District, and there was no possibility that any one case had infected another.

Poliomyelitis is an acute infection, with moderate initial fever, usually headache and gastro-intestinal symptoms, such as vomiting and constipation, drowsiness alternating with irritability, stiffness of the neck and spine. Later, there may be paralysis.

The infecting agent is a virus, which probably enters the body by way of the mouth or nose, presumably from a person with a slight and possible abortive infection.

Cases can be classified in three types—the abortive, the non-paralytic and the paralytic.

The abortive type represents those where there is no clinical evidence that the central nervous system is involved. The diagnosis of such cases is very indefinite, and is based, usually, on presumption. It is presumed that the abortive type form the majority of cases. The non-paralytic type is made up of those cases where there is evidence of central nervous system involvement, as shown by the examination of the spinal fluid, but no detectable paralysis on initial examination of the patient. Some of these develop paralysis later; some do not.

The paralytic cases are those in which definite loss of muscular power, usually in the limbs, occurs, in some instances resulting in the complete loss of function of muscles, or groups of muscles.

It is claimed by some medical men that for every frank case diagnosed there are ten or twenty abortive cases.

Although the infecting agent, the virus, has been found on flies with human faecal contamination, there is no good evidence that insects act as vectors. The virus has been found in the bowel discharges from patients.

I have found no reliable evidence that the disease is carried by water or food.

Although it has not been definitely proved that the disease is spread from case to case, there seems to be no other way in which it is spread, and it seems that the abortive cases are mainly the spreaders of the disease.

In addition to the five cases notified in the Chailey Rural District in 1947, three cases were admitted to hospital on various dates throughout the year for observation, but were not diagnosed as cases of infantile paralysis.

In the first part of 1947 there were more infantile paralysis cases throughout the country than usual. Anticipating an outbreak of the infection on a larger scale than experienced before, letters of warning, with memoranda concerning the disease, were sent to every general practitioner who practised in Chailey Rural District. During the outbreak in your District, the Medical Officer of Health was called into consultation by general practitioners concerning the diagnoses of cases.

4. Measles.—The number of cases of measles notified in 1947 numbered 133. The agent causing the disease is a virus, and sources of infection are discharges from the nose and mouth. The spread of this disease is usually rapid. One feature is that an affected person does not show signs and symptoms of the disease at an early stage, and at this time can infect others. Prompt isolation of all cases in this stage is impossible. Public Health measures are directed to combat the ill effects of measles. Whilst it does not, and cannot, reduce the incidence or spread of the disease, it definitely reduces the number of deaths. The chief object of the notification of measles is to protect the very young and the debilitated against infection. This is done by segregation when a frank case is discovered and during epidemics. When a case seems likely to develop the disease, the danger lies not in measles itself, but in contracting pneumonia which sometimes follows an infection.

The protection derived from one attack of measles is reasonably lasting, although subsequent attacks are known.

5. Whooping Cough.—In the year under review, 50 cases of whooping cough were notified. The infecting agent is a bacillus which is much larger and more easily recognisable microscopically than a virus. The mode of transmission is by contact with an infected person, and with articles freshly soiled by discharges from the nose and throat of a whooping cough case.

It is, in most cases, an acute infectious disease, involving the trachea or windpipe, and the bronchi, or branches of the windpipe to the lungs. It is characterised by a typical cough, or "whoop," lasting from one to two months, or even longer. One attack usually confers immunity, although second attacks

do occur. The largest number of cases are in their fourth year. Of all infectious diseases, whooping cough is the most liable to attack very young children, and cases do occur among infants under six months of age. Adults are not exempt from attack, and in them the cough may persist for many months. Respiratory complications in the young are most important to be looked for, and should be treated promptly. A certain amount of bronchitis, or bronchial catarrh, develops in the majority of cases. Broncho-pneumonia is responsible for many of the deaths ascribed to whooping cough, especially in the very young. It is important to protect young children under three years of age from contact with a cough and fever of whatever origin, and especially if whooping cough is prevalent. Discharges from the nose and throat of patients, and articles soiled with such discharges, should be disinfected.

6. Food Poisoning.—Five cases of food poisoning occurred in 1947. In each case there was an abrupt onset with nausea, vomiting and diarrhoea. The vehicle carrying the infection was found to be liver paste obtained from a Brighton firm of provision merchants. Immediately food poisoning was suspected, and a common article of food was found to have been consumed by all the cases, further supplies of the implicated food to the public was stopped. This, together with the ultimate withdrawal of all liver paste made by the manufacturer from sale to the public, prevented a further extension of food poisoning from this source.

Confirmation tests carried out by bacteriological examination of the liver paste revealed that this foodstuff was mainly infected by staphylococcus bacteria. There was little doubt that this was the cause of the infection in the five cases. The original source of the infection was no doubt of human origin. Probably, infected persons had handled, and thus infected, the liver paste in bulk whilst it was being manufactured.

All the five infected cases in the Chailey area recovered quickly under medical treatment.

Food poisoning by staphylococcal bacteria is probably the most common form of food poisoning. The bacteria, usually of human origin, multiply in the food infected, producing a toxin which is the cause of the poisoning. The common vehicles carrying the toxin are custard-filled pastry, processed meats and pastes.

Routine examination of employees who handle the food preparations at the work places, to exclude those suffering from pyogenic skin infections, and prompt refrigeration of sliced and chopped meats, pastes, and of custard and cream fillings, to avoid multiplication of the staphylococci accidentally being introduced, filling of pastries immediately before sale, or adequate heat treatment of the finished products, would do much to lessen the numbers of cases of food poisoning suffering from this kind of bacterial intoxication.

7. Typhoid Fever.—One case of typhoid fever was notified in 1947. This only case was one occurring in a middle-aged lady. She was removed to a nursing home, where she made an uneventful recovery. This case appeared to have contracted the infection abroad.

8. Other Infectious Disease Cases.—In addition to the above cases of notifiable diseases, there were three cases of erysipelas, one case of dysentery and one case of ophthalmia neonatorum.

There were no deaths from the above-named infectious diseases during the year.

SECTION V.

TUBERCULOSIS.

In 1947 ten cases of pulmonary tuberculosis and four cases of non-pulmonary tuberculosis were notified, whilst during the year there were seven deaths from pulmonary and four deaths from non-pulmonary tuberculosis. Details are given in the following Table :—

1947—NEW CASES AND MORTALITY.									
AGE PERIOD				NEW CASES		MORTALITY.			
				Pulmonary M. F.	Non- Pulmonary M. F.	Pulmonary M. F.	Non- Pulmonary M. F.		
0	..	..	..	—	—	—	—	—	—
1	..	..	..	—	—	1	1	—	—
5	..	..	..	—	1	—	1	—	—
10	..	..	..	—	—	1	—	—	—
15	..	..	..	1	—	—	—	—	—
20	..	..	..	1	1	—	—	—	—
25	..	..	..	—	—	—	—	—	—
35	..	..	..	1	—	—	1	3	—
45	..	..	..	1	—	—	—	—	1
55	..	..	..	3	—	—	1	1	—
65 and over	..	..	..	1	—	—	—	—	1
Total		..	..	8	2	2	2	5	1

It has been proved beyond all doubt that pulmonary tuberculosis is a contagious disease, that is, it is communicable by contact from an individual suffering from it or with some secretion, usually the sputum, of such an individual, or with an object infected by the individual.

The early recognition and early isolation of infectious cases will prevent the spread of the disease to uninfected individuals. Pulmonary tuberculosis may exist in a family over many generations, or it may have become a family disease very recently, the previous generation having been free from it. One sees very frequently cases of the disease in young adults where it is the first known instance in the family, and when the sufferer has been in contact with a case outside the home. Many cases, however, give no history of having tuberculosis in the family, or among close associates. Such have usually been exposed to unsuspected cases.

Once tuberculosis has entered a family there is a considerable danger that it will be passed on from generation to generation. One often finds that one member of the family has infected other members. As long as communicable cases of pulmonary tuberculosis are allowed to remain with relatives and in the community in general, smouldering disease will develop in contacts regardless of age ; and as long as smouldering tuberculosis is allowed to develop in the bodies of human beings, more cases and more deaths will result.

The sooner the fact is recognised that pulmonary tuberculosis is a contagious disease, the better.

Early recognition, and then early treatment of infectious cases in a sanatorium, whilst at the same time there is prompt medical examination of contacts, will definitely check the spread.

Contacts should realise that this prompt medical examination is in the interests of not only themselves, but in the interests of other members of their family, and their associates. It is in their own interests, since, if they are infected, the infection is discovered early, the chances of an early and complete cure is higher than if the disease progresses further. Many contacts do not show signs of the disease and, indeed, have resisted it. Assurance that they are free from it relieves anxiety. A small number of contacts may reveal the disease in its early stages, and here early sanatorium treatment is imperative from the point of view of cure, and in order to prevent them infecting others.

As to non-pulmonary tuberculosis cases, a large number are infected through tuberculous-infected milk. These cases develop tuberculosis of the bones and joints, lymphatic glands, and other tissues of the body. One method of preventing the disease infecting human beings is by boiling milk before drinking it, or by pasteurising the milk. Another method is by eliminating tuberculous cattle by slaughter.

In this country, the term tuberculous cattle is interpreted as meaning animals that have been ill or have been disseminating the germs of tuberculosis. Before any are slaughtered, they have been infecting milk for various periods of time. In some cases, an animal has been extruding tubercle bacilli for quite a long period.

Recently, it has been estimated that in England there are about 2,000 deaths annually from tuberculosis of bovine origin, mostly amongst children, and that at least 4,000 new cases of the disease in human beings, infected through milk, are developing each year.

In America, the term tuberculous cattle is interpreted as meaning ill animals. This term is applied to every animal which has reacted positively to a special test, called the tuberculin test. No matter how sleek and healthy in appearance, or how valuable the animal may be, if it reacts positively to the test it is eliminated. As a result of carrying out a careful programme of slaughter of infected animals so found, and of pasteurising most of the milk supply, non-pulmonary tuberculosis has almost reached vanishing point in the States of America.

The price paid in suffering, disability and death in this country will continue to be high until all milk is pasteurised and a more thorough elimination of infected cattle is carried out.

CLIMATE.

There is a close relationship between climate and health. The amount of sunshine, temperature, humidity and the movement of air has its own particular and special effect upon health, but they cannot be separated because always combined.

The amount of sunshine in the Rural District was abundant in 1947. The air temperature ranged from an absolute minimum of 11 degrees Fahrenheit in February to an absolute minimum of 46 degrees Fahrenheit in July, and from an absolute maximum of 42 degrees Fahrenheit in February to an absolute maximum of 90 degrees Fahrenheit in August. Humidity was low throughout the year, and the mischievous combinations of warm moist air or cold damp air were absent.

The movement of air is a factor of importance in practical ventilation, and, in that sense, contributes to a sense of well-being and comfort. Although high temperatures were experienced during 1947, there was sufficient movement of air to make outside conditions pleasant, and to effect satisfactory inside ventilation.

The Chailey Rural District has distinct geographical advantages in that there is almost a complete absence of smoke and dust, and it has an atmosphere which allows, practically uninterrupted, the passage of the sun's rays. In many towns and cities where the air is always polluted by the emission of combustible products from factory and crowded house chimneys and from motor vehicle exhausts, there is a screen which effectually shuts off much of the sunlight. It has been estimated that seven-eighths of the sun's power is shut off by smoke in the centre of London.

The radiant energy provided by sunlight is beneficial to young and old alike.

It is important for the young, in that growth and nutrition are helped. It builds up resistance against diseases such as rickets, tuberculosis and other infections, and it assists in the regeneration of the blood and in healing wounds. In the old, it assists in resisting infections, and thus prolongs life. The days when clear weather prevailed in the Chailey District outnumbered the dull days. Even towards the end of October, 1947, the number of hours' bright sunshine daily was between five and six, which greatly exceeded that observed in the majority of places in this country.

In 1947 the rainfall in your District was light, ranging from a total of 0.44 inches, recorded in August, to a total fall of 7.86 inches, recorded in March. For the year, the total fall was 25.46 inches.

During the year, the number of days with snow recorded was twelve in January, thirteen in February, four in March, and one in November.

The combined effect of the amount of sunshine, the temperature, the humidity of the atmosphere and air movements was such as to have made the climate well balanced and extremely healthy in the Rural District during 1947.

Always possessed of immense climatic advantages, Chailey Rural District is ideal for the sick and convalescent, for schools and hospitals, for visitors, for business men and others who reside in the District, but who work elsewhere, and for residents generally.

